

COURIER DELIVERY REQUEST FORM

Date: _____

3/6/03

****Circle/Check Delivery Destination****

	TECH CENTER <u>1700</u>
<input type="checkbox"/>	Tech Center Receptionist
<input type="checkbox"/>	Director's Office (Name) _____
<input type="checkbox"/>	Classification Unit
<input checked="" type="checkbox"/>	SPE (Name/Art Unit) <u>Glen Caldwell AV 1764</u>
<input type="checkbox"/>	Examiner's Mailbox (Name/Art Unit) _____
<input type="checkbox"/>	HSASE Office (Name) _____
<input type="checkbox"/>	Paralegal
<input type="checkbox"/>	Program Analyst
<input type="checkbox"/>	SPRE
<input type="checkbox"/>	Tech Support Team _____
	CUSTOMER SERVICE CENTER
<input type="checkbox"/>	COMMISSIONER FOR PATENTS (PK2-910)
<input type="checkbox"/>	CONTRACT COTRs (PK2-503)
<input type="checkbox"/>	PUBS ALLOWED FILES (CP6 - Lobby)
<input type="checkbox"/>	LICENSE AND REVIEW (PK5-3X12)
<input type="checkbox"/>	PERSONNEL (OHR)
<input type="checkbox"/>	PK1 - 707
<input type="checkbox"/>	PK1 - 612
<input type="checkbox"/>	STIC (CM1 - Lobby)
<input type="checkbox"/>	OIPE CUSTOMER SERVICES (CP2 - 6C17)
<input type="checkbox"/>	FIU (CP4 - Lobby)
<input type="checkbox"/>	PETITIONS OFFICE (CP4 - 3D32)
<input type="checkbox"/>	PUBLICATIONS OFFICE
<input type="checkbox"/>	PK3 - 905A
<input type="checkbox"/>	PK3 - 917
<input type="checkbox"/>	ADMINISTRATIVE COPY CENTER (CP2 - 6C20)
<input type="checkbox"/>	PCT (CP2 - 8th Floor Receptionist)
<input type="checkbox"/>	CENTRAL RE-EXAM UNIT (CP3/4 - 3D68)
<input type="checkbox"/>	OFFICE OF FINANCE (PK1 - 707)
<input type="checkbox"/>	QUALITY REVIEW (CP6 - 11th Floor)
<input type="checkbox"/>	DTSV/JCWS (CP6 - 12th Floor)
<input type="checkbox"/>	PATENT ACADEMY (CS4 - 700)

*Box of Prior Art
To be matched
with application*

DAVID BAGNELL
SUPERVISORY PATENT EXAMINER
TECHNOLOGY CENTER 3600

308-2151